Workplace Incident Report

Reported by: _____ Date of report: _____

Title / role: _____ Incident no.: _____

WORKPLACE INCIDENT INFORMATION

Date of incident: _____ Time of incident: _____

Name of person demonstrating prohibited behavior: _____

Name of victim: _____

Location: _____

Specific area of location: _____

Additional person(s) involved: _____

Witnesses: _____

Incident description including any events leading to or immediately following the incident:

Names of supervisory staff involved along with their response to the incident:

Police report filed? _____ Precinct: _____

Reporting officer: _____ Phone: _____

Police action taken: _____

Reporting staff name: _____ Reporting staff signature: _____ Date: _____

Supervisor name: _____ Supervisor signature: _____ Date: _____

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